

1-6328C

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

Docket No. 96:55:PA (4002-1166)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled ANTERIOR CERVICAL PLATING SYSTEM, the specification of which

(check one) ☒ is attached hereto.
 ☐ was filed on _____ as Application Serial
 No. _____ and was amended on _____
 (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	Yes No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	Yes No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	Yes No

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I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

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Address all correspondence to: Michael D. Beck
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111 Monument Circle, Suite 3700
Indianapolis, Indiana 46204-5137

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Robert A. Farris

Inventor's

Signature: _____ Date of Signature _____

Residence: 981 Robin Hood Lane, Memphis, TN 38111

Citizenship USA

Post Office Address: 981 Robin Hood Lane
Memphis, TN 38111

Full name of second inventor: Jeffrey Wade Poyner

Inventor's

Signature: _____ Date of Signature _____

Residence: 234 Oxford, Atoka, TN 39004

Citizenship USA

Post Office Address: 234 Oxford
Atoka, TN 39004

Full name of third inventor: Volker K. H. Sonntag, M.D.

Inventor's

Signature: _____ Date of Signature _____

Residence: 5202 East Exeter Blvd., Phoenix, AZ 85018

Citizenship USA

Post Office Address: 5202 East Exeter Blvd.
Phoenix, AZ 85018

Full name of fourth inventor: Regis W. Haid, Jr., M.D.

Inventor's

Signature:  Date of Signature 6/8/92

Residence: 2995 Devonshire Place, Atlanta, GA 30327

Citizenship USA

Post Office Address: 2995 Devonshire Place
Atlanta, GA 30327

Full name of fifth inventor: Stephen M. Papadopoulos, M.D.

Inventor's

Signature: _____ Date of Signature _____

Residence: 2465 Adare Road, Ann Arbor, MI 48109

Citizenship USA

Post Office Address: 2465 Adare Road
Ann Arbor MI 48109

1-6328C

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Docket No. 98:55:PA (4002-1168)

As a below named inventor, I hereby declare that:

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Signature: _____ Date of Signature _____

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Post Office Address: 2995 Devonshire Place
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Full name of fifth inventor: Stephen M. Papadopoulos, M.D.

Inventor's

Signature:  Date of Signature 6/1/97

Residence: 2485 Adare Road, Ann Arbor, MI 48109

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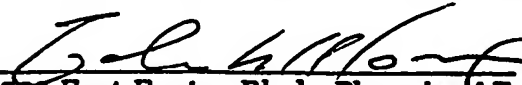
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Citizenship USA

Post Office Address: 234 Oxford
Atoka, TN 39004

Full name of third inventor: Volker K. H. Sonntag, M.D.

Inventor's

Signature: 

Date

f Signature

3/27/97

Residence: 5202 East Exeter Blvd., Phoenix, AZ 85018

Citizenship USA

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Phoenix, AZ 85018

Full name of fourth inventor: Regis W. Haid, Jr., M.D.

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Inventor's Signature: Robert A. Farris Date of Signature 4/28/97
Residence: 981 Robin Hood Lane, Memphis, TN 38111
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Post Office Address: 981 Robin Hood Lane
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Full name of second inventor: Jeffrey Wade Poyner

Inventor's Signature: Jeffrey W. Poyner Date of Signature 4/28/97
Residence: 234 Oxford, Atoka, TN 39004
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